

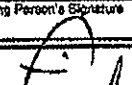


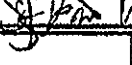

EXHIBIT 2

INCIDENT REPORT Form 04/008 1180-28-80		POLICE DEPARTMENT BALTIMORE, MARYLAND		1 Crime / Incident ARSON		2 Complaint Number 112H03806	
<input type="checkbox"/> Person <input checked="" type="checkbox"/> Property <input type="checkbox"/> Vehicle <input type="checkbox"/> Miscellaneous				3 Location of Offense / Incident (Exact Street Address) 1601 S. CLINTON ST. 21224		Page 1 of 3	
<input type="checkbox"/> Domestic Related <input type="checkbox"/> Gang Related <input type="checkbox"/> Juvenile Related <input type="checkbox"/> Hate Crime				4 Date / Time Occurred 8 AUG, 11 0909		5 Date / Time Reported #4	
6 Unit 2B31		7 Post of Occurrence 231		8 Reporting Area		9 Street Code	
10 CAD Number 0886		11 Location Given by Dispatcher #3		12 Companion Report No.			
13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed		14 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		15 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16 Crime Code	
17 Crime Classification <input checked="" type="checkbox"/> X		18 Describe Location of Offense or Type of Premise OFFICE BUILDING		19 Reported by Crime Watcher <input type="checkbox"/> Yes <input type="checkbox"/> No			
20 Complainant / Victim Name (Last, First, MI), or First Name if Business COPT		Residence / Address (Include City, County, State, Zip) 1601 S. CLINTON ST. 21224		Sex		Race	
Where Employed or School Attending (Include City Location)		Occupation		Hours of Employment (Residence Phone)		Other Phone 410-276-8081	
21 Injuries and Location on Body		Victim's Condition		Victim Hospitalized Facility <input type="checkbox"/> Yes <input type="checkbox"/> No		22 Victim / Assailant Relationship 23 Current / Former Cohabitant <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Reporting Person Name (Last, First, MI) SMITH, DAVID		Sex		Race		Age	
DOB		Address (Include City, County, State, Zip) 1601 S. CLINTON ST. 21224		Residence Phone		Other Phone 410-276-8081	
25 Witness Person/Guardian Name (Last, First, MI)		Address (Include City, County, State, Zip)		Residence Phone		Other Phone	
26 Suspect Name (Last, First, MI) MAHMOOD, MARIA		Address (Include City, County, State, Zip) 14717 EXBURY LN. 20707		Sex F		Race O	
Age 31		DOB		Height 6'0"		Weight 115	
Complexion		Hair Color/Length/Style		Hat		Eyes	
Facial Hair		Teeth		Shirt/Coat			
Pants		Shoes		Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.)		Arrest Number 11290406	
27 Trendsetters of Suspect(s) (Action / Conversation)		28 Point of Entry		29 Location Last Seen		30 Manner of Escape	
31 Direction of Escape		32 Weapon / Means of Attack		33 Method Used to Commit Crime		34 Type of Property Taken	
35 Total Loss Value		36 Vehicle Information <input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Stolen <input type="checkbox"/> Towed <input type="checkbox"/> Other		Tag Number		State	
Expiration		Vehicle Year/Make		Model		Body Style/Color	
Mileage		Vehicle Identification Number (VIN)		Ignition Locked <input type="checkbox"/> Yes <input type="checkbox"/> No		Keys in Ignition <input type="checkbox"/> Yes <input type="checkbox"/> No	
Doors Locked <input type="checkbox"/> Yes <input type="checkbox"/> No		Windows Closed <input type="checkbox"/> Yes <input type="checkbox"/> No		Radio in Car <input type="checkbox"/> Yes <input type="checkbox"/> No		Battery in Car <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spare Tire in Car <input type="checkbox"/> Yes <input type="checkbox"/> No		Trunk Locked <input type="checkbox"/> Yes <input type="checkbox"/> No		37 Registered Owner Name (Last, First, MI)		Sex	
Race		Age		DOB		Address (Include City, County, State, Zip)	
38 Recovered by		39 Method of Theft		40 Evidence of Stripping / Tampering		41 Repo. Check <input type="checkbox"/> Yes <input type="checkbox"/> No	
42 Tow List Check <input type="checkbox"/> Yes <input type="checkbox"/> No		43 Owner Notified <input type="checkbox"/> Yes <input type="checkbox"/> No		44 Tow Information Location Towed From		Location Towed To	
Towed by		Tow Truck Operator Signature		45 Detective Notified VOGT		Sequence No. Assignment C831	
CID		Unit Number Date 8541 8AUG, 11		Time 1100		46 Medical Examiner Notified Date	
Time		47 Crime Lab Technician Name TRAN		Unit Number 6626		Time 1100	
48 Hot Desk Person Notified		49 Communications Supervisor Notified <input type="checkbox"/> Yes <input type="checkbox"/> No		50 Citywide Broadcast <input type="checkbox"/> Yes <input type="checkbox"/> No		51 Victim Assistance/Incident Information Explain Form(s) Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	
52 Copies Forwarded To		ASU PAR		53 Reporting Officer Name (PRINT CLEARLY) DET. FRANCIS		Sequence No. Assignment F013	
54 Approving Supervisor Name Signature		Sequence No. Assignment SED		Signature		Signature	
55 RMS Data Entered by Signature		Sequence No. Date 7/27/11		Time 0939		56 Reviewer Signature	
57 Referred To CTD							

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

SUPPLEMENT REPORT Form 04/07 1160-28-23		POLICE DEPARTMENT BALTIMORE, MARYLAND		1 Crime / Incident ARSON		Attempted Complaint Number 112H03605	
<input checked="" type="checkbox"/> Continuation		<input type="checkbox"/> Follow Up		3 Location of Offense / Incident (Street Address, Zip) 1501 S. CLINTON ST. 21224		Page 2 of 3	
Person <input type="checkbox"/> Property <input checked="" type="checkbox"/> Miscellaneous <input type="checkbox"/> Vehicle <input type="checkbox"/> Missing Person <input type="checkbox"/> Custody <input type="checkbox"/>				4 Date / Time of This Report 8 AUG, 11 0809		8 Arrest / Custody Number 11280405	
6 Unit 2B31		7 Port of Occurrence / Reporting Area 231		9 Street Code 0885		10 CAD Number 0885	
11 Original Report Date / Time #4		12 Offense / Incident Changed From		13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed		14 Multiple Clearance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		16 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		17 Crime Code		18 Unit Subclassification 80	
19 Complaint / Victim COPT		Residence / Address (Include City, County, State, Zip) 1501 S. CLINTON ST. 21224		Sex		Race Age DOB	
20 Copies Forwarded To PHR ASU							
Cont'd Section: (1) Continuation of any preceding form. (2) Property Listing. To include property taken and seized/substantiated evidence/property. (3) Property inventory number(s) when applicable. (4) Record all activity and all developments in case subsequent to last report. Include names and serial numbers of all persons arrested. Explain any offense/incident classification change. (5) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (6) Roommate case status when applicable. (7) If multiple clearance, include all affected complaint case numbers.							
<p>ON 8 AUGUST 2011 @ 9:09 am, DETECTIVE FRANCIS, 2B31 UNIT RESPONDED TO 1501 S. CLINTON STREET, MARINER BANK TOWER, FOR A REPORTED OF A B&E. UPON HER ARRIVAL SHE WAS DIRECTED TO THE 13TH FLOOR WHERE SHE SPOKE WITH DAVID SMITH, PROPERTY MANAGER FOR THE BUILDING. SMITH REPORTED THAT A FIRE HAD BEEN SET IN THE WOMEN'S BATHROOM ON THE 13TH FLOOR. DETECTIVE FRANCIS CHECKED THE BATHROOM AND FOUND THE REMAINS OF A FIRE AGAINST THE WEST WALL OF THE BATHROOM AND CONTACTED THE FIRE DEPARTMENT.</p> <p>ENGINE CO.#41 RESPONDED TO THE SCENE AND CAPTAIN DIEHL REQUESTED AN INVESTIGATOR WITH THE FIRE INVESTIGATION BUREAU TO BE NOTIFIED. CAPTAIN BRUCE SHILOH, F.I.B. #3 ARRIVED AND CONDUCTED AN INVESTIGATION INTO THE ORIGIN AND CAUSE OF THE FIRE. CAPTAIN SHILOH DETERMINED THAT THE FIRE ORIGINATED AGAINST THE WEST WALL OF THE WOMEN'S BATHROOM ON THE 13TH FLOOR WHERE TOILET TISSUE AND A PIECE OF TWINE WERE STUCK TO THE UNDERSIDE OF A SINK AGAINST THE WALL. AN OPEN FLAME IGNITED THE PAPER WITH THE RESULTING FIRE CONSUMING PART OF THE TOILET PAPER AND TWINE WITH EXTENSION OF FIRE TO THE LOWER PORTION OF THE WEST WALL. THE WALL SURFACE WAS PARTIALLY BURNED AND SCORCHED IN AN AREA MEASURING 10 X 18 INCHES.</p> <p>ON THE SINK NEXT TO THE BASIN A PLASTIC SANDWICH BAG WAS LOCATED. INSIDE THIS BAGGIE WAS A ROUND PLASTIC TUPPERWARE TYPE CONTAINER WITH PAPER MATERIAL INSIDE. AN ODOR OF AN IGNITABLE LIQUID WAS EMANATING FROM THIS BAGGIE. CAPTAIN SHILOH DETERMINED THAT THE FIRE WAS INCENDIARY IN NATURE, BEING DELIBERATELY SET AND REQUESTED POLICE ARSON TO RESPOND TO THE SCENE. THIS DETECTIVE WAS NOTIFIED BY FIRE COMMUNICATIONS AT 9:58 AM HOURS WITH MY ARRIVAL TIME ON THE SCENE AT 11:00 AM.</p> <p>MY INVESTIGATION REVEALED THAT THE FIRE ORIGINATED IN THE WOMEN'S BATHROOM ON THE 13TH FLOOR OF THE MARINER BANK TOWER. TOILET PAPER AND A PIECE OF TWINE WERE IGNITED WITH AN OPEN FLAME. THE FIRE BURNED THE WALL SURFACE OF THE WEST WALL UNDER THE BATHROOM SINK. AN PLASTIC CONTAINER WAS FOUND IN A BAGGIE ON THE COUNTER NEXT TO THE SINK. AN ODOR OF AN IGNITABLE LIQUID COMMONLY ASSOCIATED WITH GASOLINE WAS NOTICED COMING FROM THE BAGGIE AND CONTAINER.</p> <p>FURTHER INVESTIGATION REVEALED TWO WITNESSES TO THE ARSON WERE IDENTIFIED. ONE WITNESS STATED THAT THEY ENTERED THE WOMEN'S BATHROOM WHERE THE FIRE OCCURRED AND NOTICED A STRONG ODOR INSIDE. THEY OBSERVED A WHITE FEMALE, LATER IDENTIFIED AS MARIA MAHMOOD, DOB 8/15/79, WASHING OUT A SMALL PLASTIC CONTAINER IN THE LAST SINK AGAINST THE WEST WALL. THE FEMALE PRODUCED A BAGGIE FROM A BLUE BAG WITH WHITE PAPER TYPE MATERIAL INSIDE. A STRONG ODOR WAS COMING FROM THE BAGGIE. THE FEMALE THEN WENT INTO THE SECOND TO LAST STALL. THIS WITNESS THEN LEFT THE BATHROOM.</p> <p>A SECOND WITNESS THEY ENTERED THE BATHROOM AND ALSO IMMEDIATELY SMELLED A STRANGE ODOR THEY DESCRIBED AS COMING FROM A VEHICLE, AND OBSERVED THE WHITE FEMALE LEAVE THE STALL AND STAND NEXT TO THE LAST SINK AT THE COUNTER TOP. WHEN THIS WITNESS LEFT THE STALL, SHE OBSERVED A SMALL FIRE UNDER THE COUNTER BENEATH THE LAST SINK. THE WITNESS WET A PIECE OF PAPER TOWEL AND ATTEMPTED TO EXTINGUISH THE FIRE.</p> <p>BOTH WITNESSES INDICATED THAT NO ONE OTHER THAN THE WHITE FEMALE ENTERED OR EXITED THE REST</p>							
21 I affirm and declare that the statements above are true to the best of my knowledge:				Reporting Person's Signature [Signature]			
22 Reporting Officer Name (PRINT CLEARLY) DET. FRANCIS		Sequence No./Assignment F013 SED		Signature [Signature]			
23 Approving Supervisor Name and Title [Signature]		Sequence No./Assignment [Signature]		Signature [Signature]			
24 RMS Date Entered By [Signature]		Sequence No. Date Time		25 Reviewed [Signature]		26 Referred To CID	

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

SUPPLEMENT REPORT Form 04/007 1160-26-23		POLICE DEPARTMENT BALTIMORE, MARYLAND		1 Crime / Incident ARSON		Attempt <input type="checkbox"/> Complaint Number 112H03608	
<input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Follow Up				3 Location of Offense / Incident (Street Address, Zip) 1601 S. CLINTON ST. 21224		Page 3 of 3	
Person <input type="checkbox"/> Property <input checked="" type="checkbox"/> Miscellaneous <input type="checkbox"/> Vehicle <input type="checkbox"/> Missing Person <input type="checkbox"/> Custody <input type="checkbox"/>				4 Date / Time of This Report 8 AUG, 11 0909		5 Arrest / Custody Number 11280408	
6 Unit 2B31		7 Post of Occurrence Reporting Area 231		8 Street Code 0805		11 Original Report Date / Time #4	
13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed		14 Multiple Clearances <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15 Case Opposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		16 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
18 Complaint / Victim COPT		Residence / Address (Include City, County, State, Zip) 1601 S. CLINTON ST. 21224				17 Crime Code 80	
20 Copies Forwarded To <div style="text-align: center;"> ASU PER </div>							
21 Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property, and property inventory number(s) when applicable. (3) Record all activity and all developments in case subsequent to last report. Include names and serial numbers of all persons arrested. Explain any crime/incident classification change. (4) List all additional notifications, including name, agency or assignment, last number, telephone number, date, time. (5) Reopened case status when applicable. (6) If Multiple Clearances, include all affected complaint/case numbers.							
ROOM WHILE THEY WERE INSIDE. WHILE DETECTIVE FRANCIS WAS CONDUCTING HER PRELIMINARY INVESTIGATION, SHE IDENTIFIED THE SUSPECT, MARIA MAHMOOD AND TOOK HER INTO CUSTODY. HER BLUE BAG WAS RECOVERED AND INCIDENT TO ARREST WAS SEARCHED. INSIDE THE BAG WAS A SMALL BAGGIE WITH WHITE PAPER INSIDE. ALSO INSIDE THAT BAGGIE WAS A PIECE OF TWINE IDENTICAL TO THE PIECE FOUND BURNING INSIDE THE LADY'S ROOM. ALSO RECOVERED FROM THE BLUE BAG WAS A BIO DISPOSABLE LIGHTER. THE INTERIOR OF THE BAG REAKED OF AN IGNITABLE LIQUID COMMONLY ASSOCIATED WITH GASOLINE.							
Continued <input type="checkbox"/>							
21 I affirm and declare that the statements above are true to the best of my knowledge:							
22 Reporting Officer Name (PRINT CLEARLY) DET. FRANCIS				Sequence No./Assignment F013 SED		Signature 	
23 Approving Supervisor Rank and Name 				Sequence No./Assignment 706 SGT		Signature 	
24 RMS Data Entered By 				Sequence No. Date Time 25		25 Reviewer 	
				26 Reference To CID			

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK